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COVER LETTER

TO:	TO: Registration Section Division of Corporations				
SUBJ	ECT: North American Magnetics II C	Corp.			
ооро		corporation - r	nust include suffix		
Dear S	Sir or Madam:				
"Certif	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate o referenced foreign corporation to tran	f Good Standin	ig" and check are subn		
Please	return all correspondence concerning	g this matter to	the following:		
Sandra	L. Bailey				
	-	Name of Per	rson		
-		Firm/Compa	ny		
3306 A	ruba Way Apt A3				
		Address			
Coconi	nt Creek FL 33066				
		City/State and	Zip code		
sandrab	paileymail@gmail.com				
	E-mail address: ((to be used for	future annual report no	otification)	
For fur	ther information concerning this mat	ter, please call:			
Sandra	Sandra Bailey at (214) 336-5054 Name of Person Area Code Daytime Telephone Number				
	Name of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please i	ed is a check for the following amountake check payable to: FLORIDA DEP .00 Filing Fee	ARTMENT OF	STATE 78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	North American	n Magnetics II Corp.					
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,")						
	NAM II Corp.						
	(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)			
2.	Texas	3 85	3-0537528				
4.	(State or countr 01/25/2022	ry under the law of which it is incorporated)	(FEI number, if appl				
٦.	(Date	of incorporation) 5	(Date of duration, if other tha	an perpetual)			
6.							
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liability	·)			
7.	1515 N Town Ea	st Blvd, STE 138, Box 428 Mesquite TX 75150					
•	· · · ·	(Principal office	street address)	· -			
		(Current mailing a	iddress, if different)				
				202 SE TAL			
8.	Name and stree	et address of Florida registered agent; (P.O. I	Box NOT acceptable)	2022 FEB 10 SECRETARY ALI AHASSE			
	Name:	Sandra L. Bailey	_	B TA			
O	ffice Address:	3306 Aruba Way, Apt A3		ini —			
		Coconut Creek	, Florida 33066	AM 8	$\overline{\mathbf{D}}$		
		(City)	(Zip code)	8: 06 STATE LORIDA			
Ho de fu	aving been nam signated in this rther agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relatives with and accept the obligations of my positions. Sand L Ba	it as registered agent and agree tive to the proper and complete	corporation at the pl to act in this capaci	ity. I		
	(Registered agent's signature)						

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	•							
□Chairman	Name: Sandra K. Jenkins	□Chairman □Vice Chairman ■Director	Name: Sandra L. Bailey Name: 3306 Aruba Way, Apt A3 Address:					
□Vice Chairman	Address: 304 Crooked Lane							
■Director	Mesquite , TX 75149		Coconut Creek, FL 33066					
President		□President						
□Vice President	<u> </u>	□Vice President						
□Secretary	□Treasurer	Secretary	7 Treasurer					
□Other	Other	□Other	□Other					
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	Secretary	☐ Treasurer					
Other	Other	□Other	Other					
□Chairman	Nume:	Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director	·					
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary	□Treasurer					
Other	Other	Other	□Other					
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.								
12. Sand L Buly Signature of Director or Officer								
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.								

Sandra L. Bailey, Secretary of the Corporation

John B. Scott Secretary of State



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for North American Magnetics II Corp. (file number 804421561), a Domestic For-Profit Corporation, was filed in this office on January 25, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 08, 2022.



John B. Scott Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1118467700004